

# **CHANGE NOTICE FOR MANUAL NO. 01-21, BREAST AND CERVICAL CANCER MEDICAID**

**DATE: January 6, 2021**

**Manual:** Family and Children's Medicaid  
**Change No:** 01-21  
**To:** County Directors of Social Services

## **I. BACKGROUND AND CONTENT OF CHANGE**

The Division of Health Benefits (DHB) has updated Medicaid policy MA-3250, Breast and Cervical Cancer Medicaid. This policy provides clarification of regulations and procedures for applicant/ beneficiary (a/b) applying for Breast and Cervical Cancer Medicaid.

## **II. POLICY UPDATE**

### **A. MA-3250.I.C., Not be currently enrolled in any creditable medical insurance coverage.**

A list of creditable medical insurance coverage types has been added to policy.

### **B. MA-3250.I.D., Women who move to North Carolina**

Women who are screened and approved for BCCCP in another state and relocate to North Carolina do not have to be screened again by NC BCCCP. However, they must have a health care provider located in NC and contact an NC BCCCP Coordinator to complete an application for NC BCCM.

### **C. MA-3250.II.A., Provides eligibility requirements for Breast and Cervical Cancer Medicaid.**

### **D. MA-3250.II.B., Provides instructions on evaluation of Medicaid Aid to the Disabled (MAD) for BCCM referral applications.**

### **E. MA-3250.III.C., The application is considered complete when received in the local agency.**

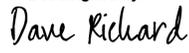
If the DHB-5081 is not received from the BCCCP Coordinator, the worker must request a copy and fax to DHB, Eligibility Services.

### **F. MA-3250.III.G., Provides BCCM Medicaid Classification Codes.**

### III. EFFECTIVE DATE AND IMPLEMENTATION

This change notice applies to applications and recertifications pending or taken on or after January 6, 2021.

If you have any questions regarding information in this letter, please contact your [Medicaid Operational Support Team Representative](#).

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Dave Richard  
Deputy Secretary, NC Medicaid